CABG Comments

General Comments from all hospitals

Cape Cod Hospital
Lahey Clinic
Massachusetts General Hospital
North Shore Medical Center - Salem

Cape Cod Hospital

The report is correct as listed based on the following review criteria:
a) the Mass DAC CABG data is correct with one correction: Under the first section for the CABG data on the CABG and PCI Mortality Cost and Quality Report please correct the n/a response for Total Deaths under the MassDAC CY03 period (114 cases), as 0 for this report to be accurate since there were no mortalities in this Period for the isolated CABG

b) re: the CABG AHRQ data:
1. This CABG count includes any patient who had CABG and not just isolated CAB
2. no patients under age 40 (we had one CABG patient, age 27. she doesn't get included in this count but does in MassDAC)
3. do not include any pt w/out a discharge disposition, = our one mortality (a CAB/Valve pt) died in hospital, so no disch dispositon
4. do not count any patients who went to short term hospital from here (we did not have any of those in FY04)
5. these cases are based on DISCHARGE date rather than date of surgery (MassDAC and STS national uses date of surgery)
So all of the CABG volume data is correct according to all of this = 150 with 1 mortality.

I cannot confirm the calculations for the expected rate and risk adjustment for the AHRQ data set since this data set represents different patient groups in combination. The literature stresses a homogeneous patient in order to calculate these measures. Further, we have no means to verify these measures since our mortality prediction tools are based on separate specific populations.

Additional comments:
The AHRQ data could be very confusing to the public for the following reasons:
1. Any other reported CABG data is reporting ISOLATED CABG rather than cases which may have included valve and/or aorta surgery. Further, mortality prediction can only be calculated on homogeneous groups in order to be scientifically valid.
Given the AHRQ data reflects a mixed group, the expected and predicted values are scientifically questionable.
2. Mass DAC data is the most reliable and accurate given the extensive data quality reviews that are undertaken to ensure that all data submitted is accurate to the data definitions. The AHRQ data is derived from coded data, abstracted according to reimbursement models rather than clinical scientific ones.

Lahey Clinic

Lahey Clinic actively participated in the state quality report card for coronary artery bypass graft outcomes and is recognized among Massachusetts's teaching hospitals as a longstanding leader in heart surgery.

Massachusetts General Hospital

Toward that end, in collaboration with MA hospitals, the state has sponsored state-of-the-art reporting programs for Coronary Artery Bypass Graft (CABG) and Percutaneous Coronary Intervention (PCI), also referred to as Angioplasty. When the state released this site last fall, they used this preferred data source for CABG mortality rates, which we applauded. This time, they also used this preferred data source for PCI

mortality rates, but reverted to presenting administrative mortality rates for CABG. Apparently, they were not willing to wait until the more accurate clinical data for CABG procedures were verified, which will take some months. The state felt that the current, although less accurate data was preferable to, less current but more accurate data. We do not agree with this approach and see it as a step backwards. We encourage the state to use the most accurate source of information available to give the public the best quality information.

North Shore Medical Center - Salem

In 2003 NSMC opened a state-of-the-art cardiac surgery program in collaboration with the Massachusetts General Hospital. As one of an elite group of hospitals performing cardiac surgery in Massachusetts, NSMC participates in the Society of Thoracic Surgeons quality data system, which tracks outcomes and processes of care to ensure that the highest standards of quality are met.